

stamford early childhood blueprint

A COMMUNITY PLAN FOR CHILDREN BIRTH TO EIGHT AND THEIR FAMILIES



Top L-R; Isabella Rincon Estrada,
Gayathri Arivazhagan, Samshrita Pochanapeddi
Bottom L-R; Jonathan Dolan, Raphael Lima

Dear Stamford Community:



During my 14-year tenure as the Mayor of Stamford, I have made it my priority to afford all four-year-old children the opportunity of a high quality preschool experience. Over the past decade the number of children entering kindergarten with a formal preschool experience has increased dramatically thanks to our outreach efforts.

We take pride in the success of the myriad of services provided by our community agencies. In these difficult times, it is vital that government and non-profit agencies work together toward a common goal: to ensure that all children, regardless of socio-economic status, have equal opportunities to succeed in life.

As we strive to meet the changing needs of our children and their families, I am happy to share with you Stamford's Early Childhood Blueprint. This plan was born in the hard work of individuals from community agencies, with the advice and assistance of parents and families over the past year. The Blueprint is a perfect example of how a community can work together to find solutions to best prepare our children for a changing world. It is this kind of commitment that makes the City of Stamford a wonderful place in which to live, work and raise children.

Sincerely,

A handwritten signature in black ink, reading "Dannel P. Malloy".

Dannel P. Malloy

Mayor



Studies now show that the foundation for a child's learning occurs during the first five years of life. Parents, teachers, and caregivers need to share in their knowledge to nurture these young minds so that every child will arrive on the first day at school healthy, confident, and ready to learn.

As the Superintendent of Schools and the father of three young children, I am convinced that a community's commitment to caring for its youngest citizens is the most important contribution it can make to the City's future. One of the key factors in paying down our education debt is ensuring that all children have access to a high quality early learning experience. Educating parents and caregivers about the importance of this critical time in a child's life is everyone's responsibility.

The Stamford Public Schools is committed to the vision laid out in this Early Childhood Blueprint. We commend the authors and designers of the Blueprint in their efforts to make this comprehensive plan representative of the entire community. We look forward to working in partnership with this effort.

Sincerely,

A handwritten signature in black ink, reading "Joshua P. Starr".

Joshua P. Starr, Ed. D.

Superintendent of Schools

Stamford Early Childhood Blueprint

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statement of purpose

Our Community's Vision

All Stamford children are nurtured in their early years, are healthy and ready to begin kindergarten, and have the skills and behaviors necessary for academic success through the elementary years.

The Stamford Early Childhood Blueprint was developed in response to a call to action from the Connecticut Early Childhood Education Cabinet. The Cabinet, established in 2005, is charged with advising the Governor and State Legislature on issues relating to school readiness, including ways to assess and improve quality in preschool sites across the state. Research provided to the Early Childhood Cabinet showed that many young children in Connecticut are healthy and developing mentally and intellectually, right on target with what should be expected for their age. That said, as many as three in ten young Connecticut children face important development challenges that could affect their readiness to enter kindergarten as well as their ability to reach their academic potential.

The William Caspar Graustein Memorial Fund (Memorial Fund) partnered with the Connecticut Early Childhood Education Cabinet and the Connecticut State Department of Education to invite "Discovery" communities to create local plans ("Blueprints") for early childhood. In 2001, the Memorial Fund invited 50 communities across Connecticut to participate in the Discovery Initiative. It was designed to increase the number and quality of early childhood services in the community, at the same time bringing families together with appropriate resources for their young children. Through Stamford's Blueprint process, our community used the Results-Based Accountability (RBA) framework to identify the results we seek for our children birth to age eight. The RBA tool provides indicators to use in measuring

results, the story behind where we are on evaluating those indicators, the strategies, and actions needed to obtain the desired results, and the resources necessary for implementation. In all this work, we plan to grow and weave together the extensive early childhood services and resources in Stamford. The Results Based Accountability (RBA) framework will enable our community to closely track and measure progress on our Early Childhood plan over the next five years.

Three Blueprint committees articulated a vision for children birth to eight, focusing on:

- Access and Quality of Early Childhood Education
- Parent and Caregivers Resources and Support
- Access to High Quality Comprehensive Health Care Services

During these difficult economic times, it is especially important that our community works together to realize this vision, keeping it in the forefront for policymakers, community leaders, and parents. In summary, the purpose for this Blueprint is to develop a five year plan to address the community's shared vision for early childhood. As such, it begins with an introduction, discusses the Blueprint development process, elaborates our vision, and details a plan for implementation. For each of the three areas mentioned above, we list strategic objectives, measures, strategies and activities.

introduction



Mila Jovel with her mom Samantha

The City of Stamford has a significant and demonstrated commitment to early childhood education. In 1996, Mayor Malloy participated as counsel in the Sheff vs. O'Neill legal case in which the Connecticut Supreme Court held that students in Hartford Public Schools were racially, ethnically, and economically isolated and that Hartford students had not been offered an equal educational opportunity. Following that landmark decision, the Mayor returned to Stamford determined to provide all children access to a high quality early childhood experience. To that end, the Mayor asked a group of community advocates to prepare a report on Early Care in Stamford. The group determined there was a great need for early care opportunities for all children, but especially children from low-income, working families. In 1996, 38% of children entering kindergarten had no preschool experience of any kind.

Mayor Malloy found this an alarming figure and he set out immediately to change that reality. In 1997, Childcare Learning Centers (CLC) -- the city's largest child serving agency -- the City of Stamford, and the Stamford Public Schools collaborated to start the Stamford School Readiness Program. The Stamford Public Schools dedicated eight certified preschool teachers to act as mentors to CLC's preschool teaching staff in the School Readiness classrooms. The School Readiness Program began by serving 96 preschool-aged children at three initial sites. Today, more than 550 children are served in across the city. In addition, private preschools, family child care providers and informal providers serve approximately 1,500 children throughout the city.

The positive significance of a high quality early childhood experience to a child's future success is well documented. For instance, children who attend a high quality preschool experience in their first 4.5 years achieve greater academic success. Research indicates that a child's social, emotional, and cognitive development are greatly enhanced by attending a quality early childhood program. Studies indicate that when they are nurtured in a safe and welcoming environment, young children acquire a love of learning that will remain with them all their lives.

The Discovery Initiative, funded by the Memorial Fund, began its work in Stamford in 2001 and made a substantial grant to Family Centers, a non-profit human services agency based in Greenwich. Stamford Discovery, in conjunction with the School Readiness



Ryan Ramos

Council, has focused on transition from preschool to Kindergarten, building community awareness, and provider education. Discovery now collaborates with the Stamford Public Schools Office of Family and Community Engagement to develop a comprehensive parent engagement program for the community.

Despite this progress, Stamford faces an unfinished agenda on behalf of young children and their families. While these providers serve the majority of children in Stamford, many still lack access to quality preschool, especially in lower income neighborhoods. In troubled economic times, parents face increasing challenges in seeking to keep their children in care facilities as they try to find ways to cut family spending.

The importance of a parental role in the development of a child's academic and social success cannot be overstated. Studies indicate that a parent's involvement in a child's life has an enormous impact on the child's ability to obtain higher grades and test scores. If

parents remain actively involved in their child's life, children demonstrate better attitudes and behavior, which leads to higher achievement and a greater likelihood of enrollment in postsecondary education.

Maintaining the health of a child, both physical and emotional, is critical to a child's development. For example, we know that in Connecticut, children ages 2-5 who come from families living in poverty have a higher rate of obesity. As research emerges on the dangers of being overweight, it is clear that obesity puts children at a higher risk of suffering serious mental, physical, and social disorders.

Given what we know about the importance of a quality early childhood experience and the many factors that help to ensure children are nurtured and appropriately challenged, Stamford's Early Childhood Blueprint will allow our community to remain focused on providing the highest quality early childhood experiences to our youngest and most vulnerable citizens.

STAMFORD TODAY

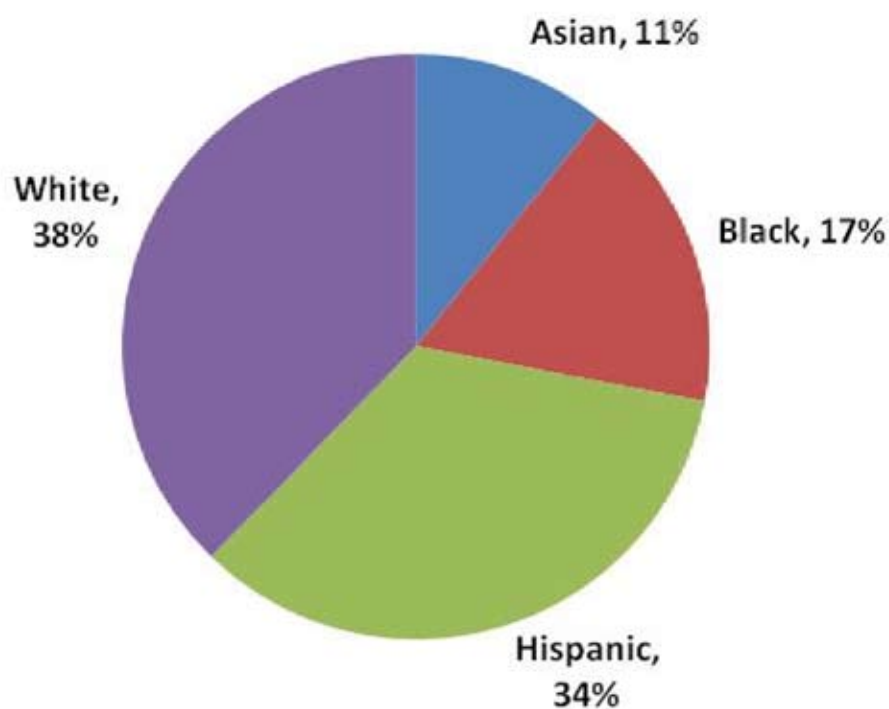
The City of Stamford is home to 121,000 people located approximately 45 minutes north of Manhattan. There are approximately 15,000 children ages 0-8 in Stamford, representing about 13% of the total population (2008). Stamford's population is ethnically, economically, and culturally diverse, and is inclusive of many religions. Unlike other Connecticut cities, Stamford's population has increased substantially over the last decade, due primarily to an influx of immigrants. Thirty-five percent of the population speaks a language other than English at home, compared to 15% statewide. It is thus critically important that these children be exposed to the English language, reading as well as speaking, in a formal setting.

Minority students comprise 53.8% of the public school population and 62% of entering Kindergarteners in 2008 (figure). According to the Stamford Needs Assessment,¹ 36% of students were eligible for free and reduced lunch in the 2006-2007 school year, a decrease from 44% in 2004-05. Focus group participants noted that more children who qualify for the program may exist, but families of undocumented immigrants often choose not to apply.

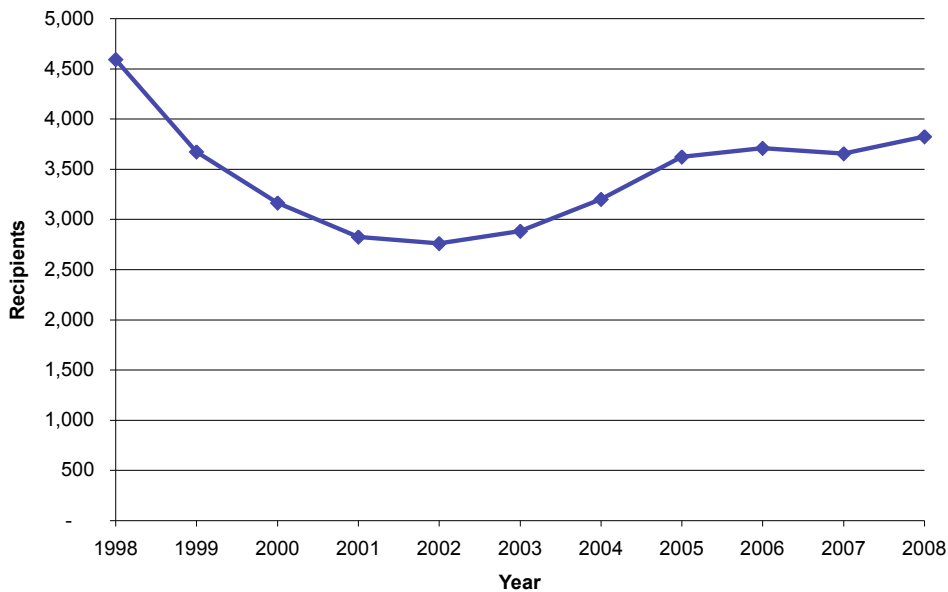
Children ages 0-8 in Stamford face a myriad of known challenges that increase their risk of arriving at primary school unprepared for the challenges ahead. 3,600 (23.8%) of these children live in single parent households; 5,800 children (38.4%) live in families with incomes under 185% of federal poverty level (\$32,560 for a family of three); 1,300 children ages 0-8 (8.9%) come from families with incomes under the federal poverty level; 5,400 children ages 0-8 (36%) live in households where the primary language is other than English; 6% of our children are identified as having a developmental disability by school age; and finally 46% come from families where the mother has a limited education (high school diploma or less).

Stamford has one of the highest median household income levels in the United States, yet in some neighborhoods almost one in four households live in poverty. According to

Stamford Kindergarten Students by Race/Ethnicity, 2008 (n = 1,216)



Stamford Households Receiving Food Stamps (1998 - 2008)



Source: Connecticut Department of Social Services

Connecticut Voices for Children, the gaps in real income between Connecticut's wealthy and middle-income families have grown more in Connecticut than in any other state in the country over the past two decades.²

Out of the nation's 250 Metropolitan Statistical Areas (MSAs), Connecticut MSAs occupied four of the top five spots for increased income inequality. The Stamford-Norwalk MSA ranked first in the nation for the fastest growth in the income gap between the poorest 20% and the wealthiest 20% of families over the last two decades.³ Children from low-income families who may not have access to the learning or life experiences of their wealthier peers must also have the same opportunities to learn.

In Stamford, lower income families are concentrated in the city's downtown, west, and east side neighborhoods

(see maps 1-3 in Appendix). In 10 Census Tracts in these neighborhoods accounting for 48% of all k-3 students, the percentage of k-3 students living in households with incomes under 185% of poverty is 69% compared to a citywide rate of 36%. 65% of entering Kindergarteners without preschool live in these 10 tracts, with several tracts having 25-30% of children lacking preschool compared to 17% citywide. In this area, the percentage of K-3 students with significant school attendance rates is much lower and student achievement on the kindergarten assessments is also lower. Some activities in the Blueprint will thus be targeted to these neighborhoods to address these glaring disparities in resources and outcomes.



BLUEPRINT DEVELOPMENT PROCESS

In April 2008, the Blueprint's Leadership Work Group (LWG) hosted a kick-off event at UConn Stamford that was attended by over 75 community members representing non-profit, government agencies, businesses, and parents. Mayor Dannel Malloy, Superintendent of Schools Joshua Starr, and David Nee, Executive Director of the William Caspar Graustein Memorial Fund, introduced the key themes of the Blueprint process and the three committees that would guide the Blueprint work: Early Childhood Education, Health and Wellness, and Parent Engagement. The kick-off event was an invitation to community participation and an opportunity to recruit committee members.

Each of the committees, chaired by community leaders, met five times over the fall of 2008. The Education Committee developed recommendations for improving Early Childhood Education in Stamford, including the transition to kindergarten. The Parent Outreach Committee developed recommendations to improve family access to early childhood resources, including information about child development and services in support of positive development. Finally, the Health and Wellness Committee developed recommendations around improving children's healthcare and promoting wellness in Stamford, including physical, emotional and oral health. The Graustein Memorial Fund put its Discovery model of community input and feedback to good use in developing a shared vision throughout the committee process.

In Stamford, you have a rare combination of corporate resources, financial resources and human resources," said David Nee, Executive Director of the William Caspar Graustein Memorial Fund. "You're so close, you're so close. Please don't let up. Please push that ball over the goal line. I think you're the folks who can pull this off.

The Stamford Times,
Sunday, May 4, 2008



At an April 2008 kick-off event, a parent survey was shared with attendees and was later used to collect data related to how parents and caregivers accessed early childhood resources. This survey was made available online, at the Ferguson Library, and at early childhood settings across the City. Survey results revealed community impressions of current early childhood opportunities. Thanks to the publicity at Blueprint-related events, as well as coverage in both the local papers (Stamford Advocate and Stamford Times), the committee received exceedingly useful feedback from the community.

The LWG hosted a series of five (5) focus groups across the City to encourage diverse participation across the community in the Blueprint process. Either an associate from Holt, Wexler and Farnam, LLP (consultants), in collaboration with a Leadership Work Group member, or two LWG members working together, moderated each focus group using a common format. Focus groups were held between May and July of 2008 at: Lathon Wider Community Center in the South End, Ferguson Library Main Branch (CT MOMS Group), First United Methodist Church, Chester Addison Community Center and Optimus Health Center (pediatric office on Washington Boulevard). Parents contributed their views concerning community supports, needs, issues, and identified community assets and opportunities at each focus group.



Markus Dushi

BLUEPRINT COMMITTEES AND GOALS

Each committee was chaired by community leaders and met five times over the summer of 2008. The Education Committee developed recommendations for improving Early Childhood Education in Stamford, including the transition to kindergarten process. The Parent Outreach Committee developed recommendations to improve family understanding of child development and access to early childhood information and services. The Health and Wellness Committee developed recommendations around improving children's healthcare and promoting wellness in Stamford, including physical, emotional and oral health. The Memorial Fund's Discovery model of community input and feedback was used throughout the committee process to develop a shared vision for the community. We share that vision in the next section and detail our plans toward realizing it in the pages that follow.



vision:
the results
we want



STAMFORD'S OVERALL VISION FOR ITS EARLY CHILDHOOD BLUEPRINT IS:

All Stamford children are nurtured in their early years, are healthy and ready to begin kindergarten, and have the skills and behaviors necessary for academic success through their elementary years.

To achieve this result for our children and families, the entire city of Stamford must come together to support this effort. It is important to clarify that the term “all children” includes children who:

- Have or are at risk for developmental disabilities;
- Have limited access to healthcare;
- Are from diverse cultural and linguistic groups; and
- Live in poverty.

INDICATORS

As we adopt the "Results Based Accountability" framework for achieving this result, we will measure our success by observing the following **headline indicators**:

INDICATOR 1: % of children in HUSKY receiving an annual well-child visit.

At present, 81% of Stamford children in the HUSKY program receive their recommended annual well child visit between ages 2 and 5 and 54% receive one between ages 6 and 8. This means that overall nearly one in three children in the HUSKY program, over 600 children, are not receiving their recommended visits. Connection to a consistent primary care provider

is an important measure of children's access to health care and critical to early identification and treatment for conditions which interfere with school readiness. While most children in Stamford receive excellent health care, those families at risk face challenges in a changing health care environment. We will work with our health partners to develop other measures of child health including how many children have a consistent relationship with a pediatric provider (a "Medical Home") and the extent of childhood asthma and obesity.

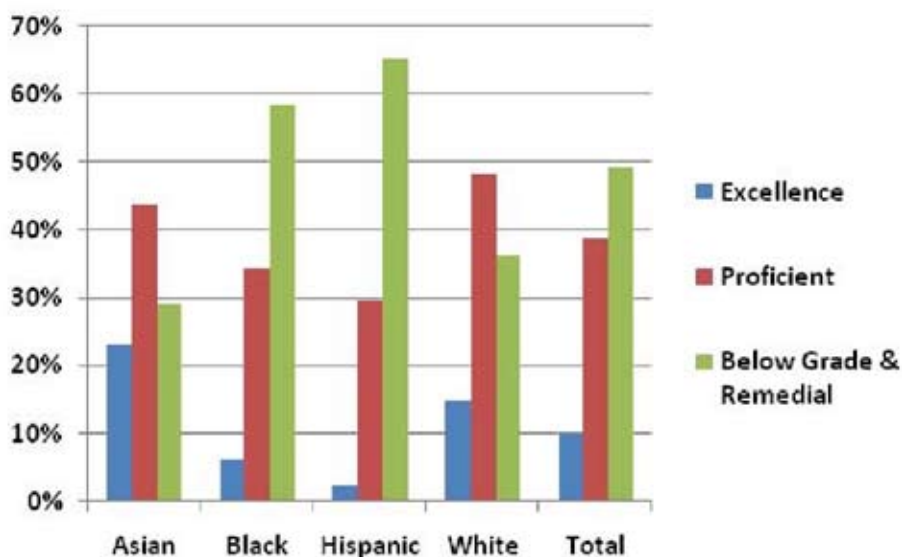
INDICATOR 2: % of children at or above goal on the kindergarten Spring reading assessment (DRA) and gap in achievement on this measure by race and ethnicity.

On the spring 2008 district reading assessment (Degrees of Reading Achievement), 49% of Kindergarteners scored "Proficient" or "Excellent." By race/ethnicity, 36% of White students, 59% of Black Students, and 65% of Hispanic students scored below grade or remedial (figure). By income, 68% of students eligible for free and reduced lunch (185% of poverty level) were assessed as below grade or remedial compared to 38% of those not eligible.

INDICATOR 3: % of children at or above state goal on the Connecticut Mastery Tests at the completion of third grade.

In 2008, 48% of Stamford third graders were at or above goal in reading and 55% in math, not far from statewide students at 52% for reading and 60% for math. These overall data mask a persistent achievement gap across race, ethnicity and income levels. In the area of reading, the achievement gap between White students and Black and Hispanic students was 39% (67% and 28%, respectively). In math, the gap between White and Black students was 47%, and the gap between White and Hispanic students was 28%. We need to focus our strategies to reach those children most at risk of

Achievement on Degrees of Reading Achievement (DRA) Assessment, Kindergarten, Spring 2008, by Race/Ethnicity



arriving at school not ready and then not succeeding in meeting academic goals in the early grades. This achievement gap results from a combination of limited home literacy environments, exposure to stresses in children's homes, and limitations on the quality of preschool programs. Fiscal constraints pose multiple challenges for preschool programs to hire and train qualified teachers.

Governor Rell's Early Childhood Education Cabinet Report, "Ready by Five, Fine by Nine" identified important risk factors as indicators for difficulties in the early years of school: poverty, low levels of parental education (i.e., less than a high school diploma), single-parent households, and a primary home language other than English. These risk factors have been proven to be cumulative in their impact on younger children and tend to correlate with each other. For example, children living in poverty are more likely than other children to live in single-parent households with low levels of parental education.⁴ The presence of multiple risk factors in a child's life decreases the likelihood of academic successes. The Cabinet therefore recommends targeting resources to the "most-at-risk" children and communities.

The School Readiness Council will develop additional headline and supplementary indicators related to family risk factors and family success to help focus our efforts in supporting families. Stamford has relatively low



Nicolle Claudio

rates of child abuse and neglect and teen births compared to other cities and the state, but focusing on those few families with these conditions will help to address the achievement gap. Next, we detail challenges, current

efforts, strategies, activities, and indicators for each of the Blueprint's three areas of focus.

stamford's early childhood blueprint



Fuad Nasher

EARLY CHILDHOOD EDUCATION

Challenges and Current Efforts

The risk factors facing Stamford families (detailed in Section II) are diverse and pose challenges to the community in its ability to prepare their children for success in school.

Supply and Access

The supply of publicly supported infant-toddler care is far below the need, with an estimated demand for as many as 250 additional spaces to serve working families with quality care. Overall Stamford has 13.2 infant/toddler slots per 100 children ages 0-2. There are 348 infant-toddler slots in private licensed centers and fewer in licensed child care homes.

Publicly funded preschool programs are currently at capacity in Stamford; and at least an additional 200 spaces are needed to meet current needs. Stamford has capacity for 93.7 preschool slots per 100 children ages 3 and 4. Eligibility levels for subsidized child care and preschool do not factor in the high cost of living in Stamford, which is aggravated by the lack of affordable housing for families with low incomes. Focus group and committee discussions made clear that many families in Stamford have difficulty accessing preschool facilities for their children due to transportation costs and work-related issues.

Stamford provides 892 publicly supported preschool spaces through the School Readiness Program (566 including

extended day slots at Head Start), Head Start (213), and DSS funded programs (227). Additionally, Stamford Public Schools serve approximately 60 students with special needs. Childcare Learning Centers (CLC) is the primary provider of publicly supported programs, with 555 preschool spaces. CLC operates both the William Pitt and Palmer's Hill Child Development Centers and in November 2009 consolidated 10 satellite sites into a new, third major center at the former Rogers Elementary School located in Stamford's east side. Consolidation of satellites into larger centers facilitates higher levels of professional development, supervision, and parental engagement, enabling more efficient service delivery.

Quality

Accreditation remains the gold standard for preschool quality. In Stamford, currently 13 out of 43 licensed centers have achieved National Association for the Education of Young Children (NAEYC) accreditation. The most important factors in delivering quality early care and education are the credentials and skills of classroom teachers. All publicly funded preschool

What one thing would you like to see happen in Connecticut that could help jump-start the economy here?

Dr. Steven P. Lanza, editor of *The Connecticut Economy* and chair of the UConn Department of Economics:

"Long term: Invest in early childhood education. Connecticut's central-city high schoolers are dropping out at double-digit rates. These dropouts aren't going to college and won't be competing in the global economy. A guaranteed preschool education for every child in the state would pay enormous dividends. Preschool helps instill an appreciation for lifelong learning, raises graduation and college attendance rates, eventually improves workforce quality and earnings, and lowers welfare and crime rates, all at a relatively low cost."

Source: The Connecticut Economy: How Would they Fix It? Eleven ways to get back on the right track. *Connecticut Magazine* January 2009

classrooms must have a teacher with at least a Child Development Associate (CDA) credential, which encompasses 12 credit hours of college courses in the subject of Early Childhood. Although the state has established a standard that all classrooms receiving public funds will



Alexandra Tobiasiewicz

Supporting Success of Parents and Their Children

"I am extremely grateful to the Stamford School Readiness Program at Child Care Learning Centers for the opportunities it provided for me and my daughter. My daughter is learning important academic skills that have made her more mature and independent. Because I know she is in good hands when she is at school, I have been able to attend Quinnipiac University's School of Health Sciences to pursue my Nursing degree. I could never have been able to do so without the School Readiness Program."

-Ms. Aguirre

have a teacher with a Bachelor of Arts (BA) degree with early childhood credits by 2015, current reimbursement levels do not support the salaries needed to attract and retain BA level teachers.

Central components of the Blueprint include ongoing professional development of the current and future teaching workforce and opportunities for its members to acquire credentials. Twenty seven percent of Childcare Learning Centers' (Stamford's largest preschool provider) teachers have an Associates' Degree, 14% have a Bachelor's Degree, 4% a Master's and 54% have their CDA credentials plus twelve credits. Beyond credentialing, the School Readiness Council has been working to integrate support and professional development across the spectrum of providers, public and private.

Comprehensive Services to Support Families

Other quality factors identified in the planning process include the need for a continuum of services to support children's healthy social-emotional, cognitive, and physical development from early intervention (birth to three years) to screening and services for children ages 3-9. Stamford's large English Language Learner population pinpoints a need for strong home/school connections.

Some families require services to support growth, development, and learning for their children. These include both individual and family supports from facilitating access to basic resources (i.e., access to housing, food) to behavioral health interventions for the estimated 20% of children at risk for social-

emotional issues, which can interfere with learning. While Stamford has many resources available for families, both families and early education professionals report difficulties locating and accessing these services (see Parent Outreach section). Many systemic barriers and disconnects exist that inhibit access to services.

Stamford needs a more systematic approach to:

- 1) identify children and families in need of services through screening and staff professional development,
- 2) connect families to services through social services staff available to all early care programs, schools, and family centers, and
- 3) monitor the learning progress of children.

Stamford Public Schools has piloted an approach using a school social worker to engage with preschool families, and CLC has one social worker on staff for its School Readiness families and additional support staff for Head Start families.

Stamford Public Schools has a unique collaboration with the Childcare Learning Centers' School Readiness Program to provide eight certified preschool teachers that act as Instructional Coordinators in classrooms. These teachers have contributed significantly to the success in raising the quality of School Readiness funded classrooms.

The State Department of Education (SDE) supports implementation of

Positive Behavioral Supports, a graduated system of interventions to address children's needs. Because many families have several children of varying ages, a comprehensive, coordinated, cross-program approach to services bridging from birth to age nine is needed.

Early Childhood Education Strategic Objectives: Where We Want to Be:

All children and families to have equal access to:

- * Affordable, high quality early learning experiences;
- * Comprehensive services and resources needed to support pre-school learning and development.

Early Childhood Education: Measures

The measures we will use to track and determine our progress include:

- * # and % of children served in licensed early care centers and family child care homes in Stamford;
- * # infant/toddler slots in licensed centers per 100 children ages 0-2 and 3-4;
- * # of NAEYC accredited early care centers and % of program spaces in accredited centers;
- * # and % of teachers in publicly funded programs have a BA degree and # and % with an Associates' Degree;
- * Degree to which children succeed on the DRA.

Early Childhood Education: How We Will Get There:

Strategy 1: *Maintain current funding levels; advocate for increased State resources in support of more and improved quality of early care and education services.*

Activity 1: Advocate for increased reimbursement rates for infant-toddler care funding through DSS and Care4Kids.

Activity 2: Increase supply of quality, subsidized School Readiness Program preschool slots by approximately 150 spaces to meet family needs in Stamford.

Activity 3: Continue and expand access to Accreditation Facilitation program resources.

Activity 4: Secure free or low cost technical support from the state regarding CT Preschool Assessments Framework in center based classrooms.

Strategy 2: *Support increase in licensed family child care providers and other means to meet infant-toddler care.*

Activity 1: Provide assistance to home care providers in the licensing process modeled on the All Our Kin approach.

Strategy 3: *Establish a district-wide pre-k to 3 early literacy plan, including the revision and alignment with the Stamford Public Schools' new k-3 literacy curriculum.*

Activity 1: Hire a facilitator to act as a liaison between Stamford Public Schools and preschool community to develop and manage an early literacy plan.

Activity 2: Stamford Public Schools Director of Literacy and literacy specialists collaborate with the Director of School Readiness and instructional coordinators to develop a pre-k literacy curriculum.

Activity 3: Implement the newly developed curriculum through a pilot program in targeted preschool classrooms with the support of the Stamford Public Schools Instructional Coordinators.

Activity 4: Develop a program evaluation component to assess the effectiveness of the curriculum alignment.

Strategy 4: *Seek increased state and local program reimbursement and scholarship aid to support recruitment and retention of BA teachers in all classrooms.*

Activity 1: Advocate with legislative delegation and directly with Connecticut State Department of Education for increased School Readiness reimbursement linked to increased credentials of staff.

Strategy 5: *Expand local professional development capacity to public and private pre-k programs.*

Activity 1: Support quality improvement in family child care homes through systematic mentoring services, workshops and access to resources in early childhood education.

Activity 2: Maintain and expand commitment to provide Master teachers in publicly funded early care centers to provide embedded professional development coaching to teachers.

Activity 3: Sustain and expand professional development activities for all public and private early care staff provided through NAEYC, Childcare Learning Centers, and Cooperative Educational Services (RESC).

Activity 4: Expand access and participation to community-wide professional development to include training on working with children whose first language is not English and working with children with developmental disabilities.

Activity 5: Advocate on the state level to expand Professional Development offerings in the Southwest region of Connecticut.

Strategy 6: *Reinforce a shared vision for kindergarten transition (building on work of School Readiness Council Transition Committee).*

Activity 1: Design and implement systematic, consistent kindergarten transition plan incorporating curricular alignment, cross-training of staff, parent orientations on kindergarten expectations, and flow of information on students to kindergarten teachers.

Comprehensive Services to Support Families

Strategy 7: *Define, seek funding for, and launch an initiative to implement Positive Behavior Supports (PBS) in Stamford preschools and elementary schools, building on Response to Intervention (RTI) framework required and promoted by the state.*

Activity 1: Conduct local planning process and secure major federal, state and private grants to support implementation.

Activity 2: Seek collaborations with public schools to establish Positive Behavioral Support Program in pre-K through grade 3.

Activity 3: Institute a screening system for social-emotional or developmental issues and family risks, with staff professional development, which facilitates interventions and produces indicators.

Activity 4: Work with State Department of Education and UConn Stamford faculty on funded initiative to incorporate PBS principles and practices in after school settings.

Activity 5: As PBS is planned, develop interim plans to deliver needed comprehensive services to all preschool and k-3 classrooms in implementation of vision of role of schools in the community.



Alexander Arubla

PARENT OUTREACH

Challenges and Current Efforts

Multiple resources for Stamford parents exist, however communication and access barriers to resources prevent parents and caregivers from utilizing services. Members of the Leadership Workgroup surveyed parents and held five (5) focus groups to gain insight from parents and caregivers regarding those barriers and what changes they would like to see to ensure they have the information needed to help their children succeed.

Currently in Stamford 38.4% of children live in families below 185% of the poverty level and the rate of child abuse and neglect is 10.2 per 10,000 children, lower than the state rate of 13.2.

Stamford ranked 120 out of 169 cities in food security in a report from the University of Connecticut Department of Agriculture and Resource Economics. A recent study has shown that households with food insecurity have higher levels of maternal depression and lower levels of positive parenting, which adversely affects the cognitive development of infants and toddlers.⁵ The number of households receiving food stamps has risen in recent years after falling between 1998 and 2002.



Kiddy Care Playschool, Stamford, CT

Stamford parents and caregivers identified: 1) they simply do not know where to go to get information, 2) that traditional/existing forms of information only target specific populations, 3) bi-lingual staff are needed across programs to deliver early childhood education services and information, and 4) cultural barriers exist as Stamford is home to many diverse populations, and parents and caregivers need to know when and how they can be involved.

The issues affecting families in Stamford are many and complex. Families and community early childhood stakeholders need to acknowledge this challenge and work across sectors to reach families, connect them with supports when needed and engage and support them in their role as their children's first teacher. Stamford has many resources available for families and the Parent Outreach Committee found that early childhood providers work well together.

Parent Outreach

Strategic Objectives:

Where We Want to Be:

1. All parents and caregivers have the information and skills needed to ensure that their children arrive at school ready to succeed.
2. Parents and caregivers are supported in understanding expectations needed for child development and parent engagement, including how to advocate for their child.

Parent Outreach: Measures

The measures we will use to track and determine our progress include:

- # of referrals and connections made from a centralized network (i.e. how many website hits);
- # and timeliness of kindergarten registrations per year;
- # Parent/teacher conferences and attendance rate as reported by a cohort of early childhood programs and elementary schools;
- Parent involvement rates in school activities.



L-R Sebastian Mesa, Aaron Boyke,
Alejandro Alfaro

Parent Outreach: How We Will Get There:

Strategy 1: Launch parent outreach and information campaign to ensure parents and caregivers are aware of and utilize child education, health and development resources, especially for parents with children with or at risk for developmental disabilities.

Activity 1: Develop a centralized network to access and receive information to ensure parents and caregivers know where to go and who to ask for resources, especially parents with children with developmental disabilities. Ongoing collaboration with the United Way to continually update 211 resources for families and publicize the service will help address reported information disconnects.

Activity 2: Identify communication source (i.e., appointed organization) to help connect parents to services. This source disseminates information throughout centralized network of providers (community and business sector).

Activity 3: Expand home visiting models for families with children ages 0-3 who are at risk of arriving at school not ready.

Activity 4: Work with major employers to advocate for more family-friendly policies and provide child care services.

Activity 5: Expand community early childhood partnership with representatives from all Stamford neighborhoods to include: libraries, churches, schools, hospitals, websites, real estate, ER departments, clinics, and non profits.

Strategy 2: Target parents and caregivers to deliver early childhood messages and information in locations where children are not receiving pre-k education.

Activity 1: Identify and reach with information those who are not being served: 1) parents and caregivers who need information but cannot find it and 2) parents and caregivers who do not know they need the information.

Strategy 3: Increase access to parent and caregiver education and training resources.

Activity 1: Support existing Parents as Teachers (PAT) and Parent Leadership Training Institute (PLTI) programs.

Activity 2: Re-institute "Learning in a Bag" program, a community and home based early literacy program that improves parent engagement.

Activity 3: Work with partner network to make resources available in multiple languages.

HEALTH AND WELLNESS

Challenges and Current Efforts

Stamford's child health system has experienced significant changes over the past five years. Stamford Hospital serves as the only Hospital in city limits and operates Tully Healthcare Center. Optimus Healthcare in agreement with Stamford hospital now operates the primary care clinics at Washington Boulevard, and the Atlantic Street clinics are operated by Optimus Healthcare.

Leaders of both Stamford Hospital and Optimus Healthcare remain committed to improving overall child health. The Pediatric clinic, Roslyn and Leslie Goldstein Children's Health Center at Washington Boulevard, is a "Medical Home" for its patients who are youth and children with special healthcare needs.⁶ This clinic also has a nutritionist and a 12 week KIDS' FANS program with services for children with obesity. In addition, there is an understanding with Child Guidance providing seamless mental health services and an Enhanced Care Clinic status. The community's challenge is to make this same level of consistent, continuous care available to all children in Stamford, especially those that are uninsured, to support their healthy development.

Stamford's Childhood Obesity Task Force, under the leadership of Stamford Hospital, has been a successful, broad collaboration to address childhood

obesity among Stamford's children a specific issue. The Task Force's Kids FANS and "5-2-1-0" initiative (5 servings of vegetables or fruits, 2 hours or less of screen time, 1 hour of moderate exercise daily and 0 soda or sugar-sweetened sports and fruit drinks) is a widely disseminated community education campaign reaching out into schools, health centers, and other service providers. The partners at this table have the opportunity to build on the successes of new partnerships to improve child health and wellness.

What is the Current Health Status of Stamford's Children?

Stamford children fare better than those in the larger urban centers in Connecticut, but a significant number face serious health challenges. 14,896 children (aged 0-8) reside in Stamford, of those an estimated 1,800 (12%) are uninsured and 4,673 were enrolled in HUSKY at some point in 2007 (2,411 were

continuously enrolled for the year). Birth records show that 21% of 387 mothers did not have adequate prenatal care while pregnant. This was a contributing factor in some of the 43 children born with low birth weight and the 12 born with very low birth weight.⁷ Other measures of health and development defining some of the challenges facing Stamford include:

- Among children in HUSKY, 81% ages 2-5 and 54% ages 6-9 had at least one well-child visit in 2007.
- Among children enrolled in HUSKY in 2007, only 2.9% statewide received a formal screening for developmental and social-emotional concerns.
- 6% or 329 children ages 0-2 received Birth-to-Three services.
- 49% of children ages 0-8 in HUSKY had a preventive dental exam in 2007, compared to 40% statewide.
- 33% (4,200) of children in Stamford had dental cavities.
- Only 31% of students passed all four physical fitness tests in school.

Health and Wellness Strategic Objectives: Where We Want to Be:

1. A collaborative child health leadership team identifies and resolves systemic barriers to receipt of quality preventive health care.
2. All children have access to effective, family-centered health services consistent pediatric and oral health providers to address well child care, asthma, obesity issues, social-emotional health and oral health.

Health and Wellness: Measures

The measures we will track to determine our progress include:

Developmental:

- % of children accessing Birth-to-Three services

Social Emotional:

- % of children screened for developmental and social-emotional concerns / % with positive screens
- % of children with greater than 10 unexcused absences from school

Birth Outcomes:

- % of mothers who had adequate prenatal care
- % of children born at low birth weight

Preventive:

- % of children in HUSKY with well-child visits
- % of students passing all four physical fitness tests

Oral Health:

- % of children with annual dental exam by age
- % of children with dental cavities



Health and Wellness: How We Will Get There:

Strategy 1: *Improve access to health care services related to preventive care, childhood obesity and asthma.*

Activity 1: Collaborate with members of Stamford Hospital's Childhood Obesity Task Force and the early childhood community to develop a child health leadership team to drive a child health agenda and increase awareness of most pressing child health disparities (beginning with Asthma and Obesity).

Activity 2: Reach all pregnant women to engage them in early prenatal care.

Activity 3: Work to increase awareness through outreach among providers and patients of the importance of every child being connected to a medical home with strong family-centered care coordination services. This includes disseminating best practices modeled at local clinical settings.

Strategy 2: *Improve access to oral health services*

Activity 1: Work with Stamford Dental Center and other community health centers to provide access to preventative mobile dental care.

Activity 2: Revive the Stamford Oral Health Collaborative to increase the number of private dentists accepting children served in the HUSKY dental program (Benecare).

Strategy 3: *Improve access to Behavioral/Mental Health services for children*

Activity 1: Re-establish collaborative agreement with Child Guidance Center of Southern Connecticut, Inc. to provide services to Head Start children.

Activity 2: Advocate for increased funding of behavioral health services and subsidize support for families to access services.

blueprint implementation



Emily Peluso

Management Plan

For the past decade Stamford has taken pride in being at the forefront of early childhood education. Stamford has in many ways served as a model for the early childhood community statewide with Mayor Malloy's commitment that all four year old children have access to a quality early childhood experience, the state of the art preschool at the William Pitt Child Development Center, and a strong involvement by the public schools in the preschool community. Although the community has an established system of early childhood services, it became clear throughout the Blueprint process that we needed to broaden the purview of the School Readiness Council to address the changing needs of Stamford's families and organize the early childhood services community to have a greater impact.

We plan to restructure the current School Readiness Council to include new committees (modeled after those that worked on the Blueprint) to address the early childhood issues raised in the Blueprint. The three committees will be dedicated to the work of Health and Wellness, Parent Outreach and Early Childhood Education. Each of these committees will coordinate their work with community partners. Going forward this process will continue to be a community effort and will include contributions from parents, community based organizations, child care providers, local businesses, city government and the Stamford Public Schools.

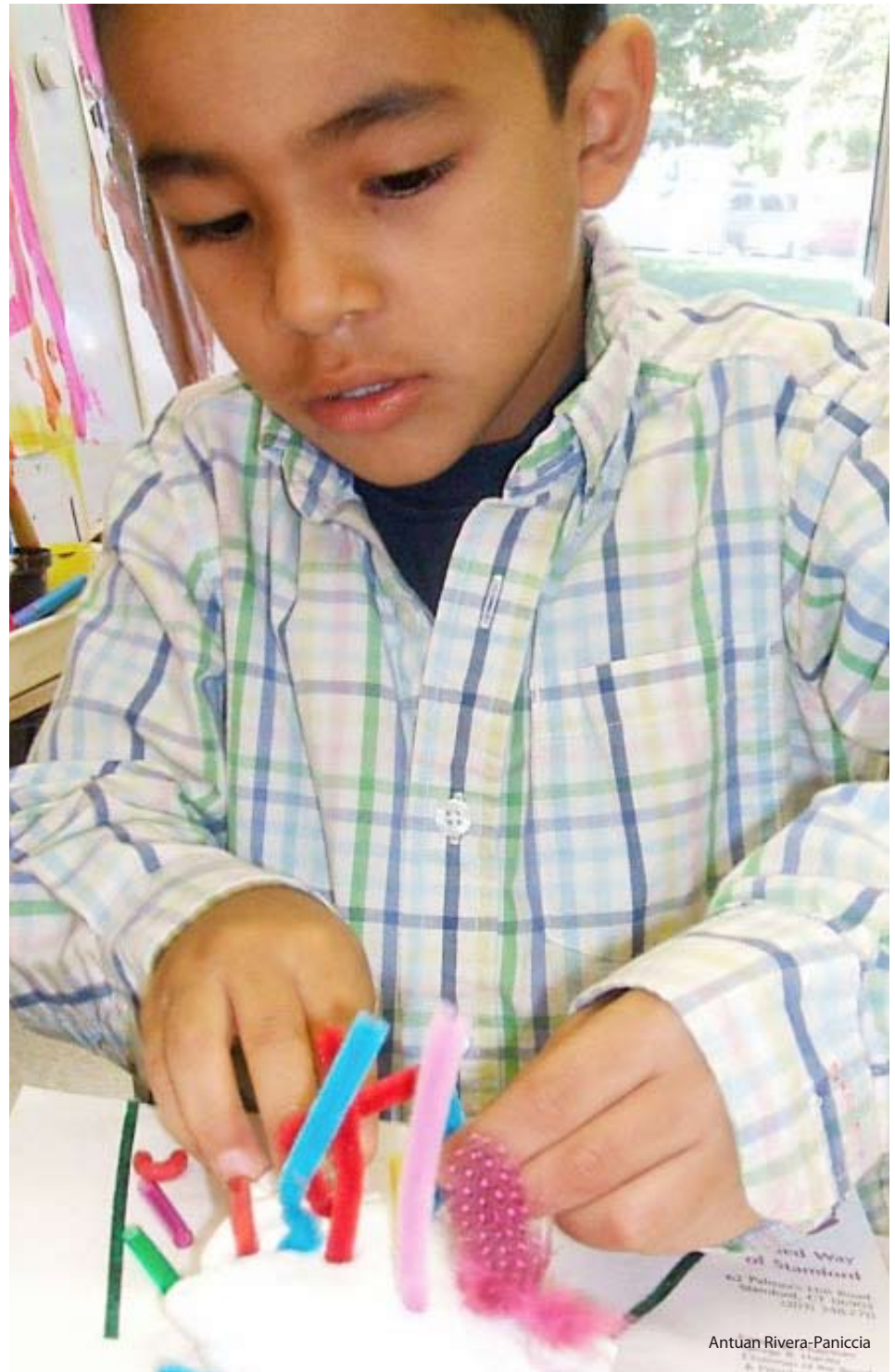
The School Readiness Council will seek funding from a number of sources that

may include, but are not limited to, local corporations and private foundations to support implementation of the Plan.

Data Collection

Appendix C identifies the sources of data and responsibility for collection and assembly for each headline indicator and

program measure identified in the plan. Measures for which data is not available are identified as part of the Council's data development agenda. Each of the three Council committees will establish procedures to ensure that the data in their area is collected on as regular a basis as available in collaboration with



Antuan Rivera-Paniccia

the specified community partners. The committees will report to the School Readiness Council on a quarterly basis with (a) any new data for the headline and program indicators and (b) progress in implementing each Blueprint strategy.

With shared responsibility for feeding the data to the School Readiness Council Coordinator, staff of community partners can focus their efforts on implementing the Blueprint strategies. The School Readiness Council Chairperson will dedicate part of her time and members of the Leadership Work Group will provide their support for data collection, analysis and reporting as they have done throughout the Blueprint process to date.

Governance & Accountability

The restructured School Readiness Council, chaired by the Mayor's Special Assistant and supported by the Superintendent, will act as the governing body of the Blueprint. The Council will implement the Early Childhood Blueprint through the work of the three committees. The Council and committees will continue to meet monthly to ensure progress is being made on the strategies set forth in the Blueprint. Committees will be asked to report back to the Council bi-monthly on their progress.

The School Readiness Council will host an annual meeting for the community at large to assess the progress of the strategic plan. Several community organizations have come forward to provide support to successfully implement the Blueprint. The organizations include the Stamford Public

Schools, the City of Stamford, Family Centers, Stamford Hospital, Childcare Learning Centers and United Way of Western Connecticut as well as several private early childhood providers.

To ensure accountability, each committee will be expected to track all measures as outlined in their strategies. Committees will report back to the

Council on a quarterly basis and the document will be updated to reflect the changes being made toward the Blueprint's goals. The Blueprint will be consistently updated to reflect progress toward attaining the goals and objectives outlined in the Blueprint. The document will be updated on the City of Stamford's website and shared at various community settings across the city.

Stamford School Readiness Council

Dannel P. Malloy, *Mayor*

Joshua P. Starr, *Ed.D., Superintendent of Schools*

Moira Bryson, *City of Stamford Health Department*

Jennienne Peoples Burke, *Family Centers*

Karen Cammarota, *City of Stamford Grants Office*

Dennis Collins, *Parent*

Imelda D'Luc, *Childcare Learning Centers*

Anne F. Farrell, *UConn Stamford*

Karen F. Feder, *Abilis*

Bridget Fox, *Chair, Stamford School Readiness Council, Mayor's Office*

Lynn Galgano, *City of Stamford Health Department*

Barbara Garvin-Kester, *Childcare Learning Centers*

Sheila Glenn, *ROSCCO Agency*

Jennifer Hallissey, *United Way of Western Connecticut*

Linda Levy, *Childcare Learning Centers*

Polly Morrow, *Pitney Bowes*

Alisha Mullet, *Soundwaters*

Ellen Reardon, *Stamford Museum and Nature Center*

Suzanne Ryan, *Bright Horizons High Ridge Park*

Margo Sandahl, *Stamford Public Schools*

Bob Short, *Family Centers*

Sherry Tarantino, *Sacred Heart School*

Caroline Ward, *The Ferguson Library*

Eva Weller, *PLTI Liaison*

Karen Wenz, *First Presbyterian Nursery School*

Lisa Zarny, *Stamford Hospital*

Early Childhood Blueprint Writing Group

The following group of people spent countless hours pulling together all of the data that was collected to create Stamford's Early Childhood Blueprint document.

Jennienne Burke, *Care to Care, Family Centers*

Bridget Fox, *School Readiness Council Chairperson*

Anne F. Farrell, *Assistant Professor, Department of Human Development & Family Studies, University of Connecticut, Stamford*

Jennifer Hallissey, *United Way of Western Connecticut*

Linda Levy, *School Readiness Director, Childcare Learning Centers*

Beryl Williams, *Stamford Public Schools, Office of Family Engagement*

Karen Wenz, *Director, First Presbyterian Church Nursery School*



Early Childhood Blueprint Writing Group (Left to Right)

Jennifer Hallissey, Bridget Fox, Linda Levy, Beryl Williams, Jennienne Burke,

Karen Wenz. Not pictured: Anne F. Farrell

The Stamford School Readiness Council is especially grateful to Stephen Roth for the time he committed to designing the Blueprint document.

The Stamford School Readiness Council would like to extend its appreciation to the many parents, caregivers and representatives from community organizations who took part in this effort. Whether acting as a member of a focus group, acting as a committee member, or sharing the work of the Blueprint within their own community, we are grateful for all of the efforts that were made to accomplish this goal:

Abilis

Brookdale Nursery School

Childcare Learning Centers

Child Guidance Center

of Southern Connecticut

City of Stamford Grants Office

Evenstart Program

Family Centers Inc.

**Fairfield County Community
Foundation**

The Ferguson Library

First Presbyterian Church

First United Methodist Church

Holt, Wexler and Farnam

Kiddycare

Pitney Bowes

ROSCCO

Sacred Heart School

School Based Health Centers

Stamford Advocate

Stamford Board of Education

**Stamford Early Childhood
Partnership**

Stamford Hospital

**Stamford Museum and
Nature Center**

Stamford Partnership

Stamford Public Schools

Stamford Times

United Way of Western Connecticut

UConn Stamford

appendices

Appendix A.
Maps 1-3

Appendix B.
**Implementation
Approach**

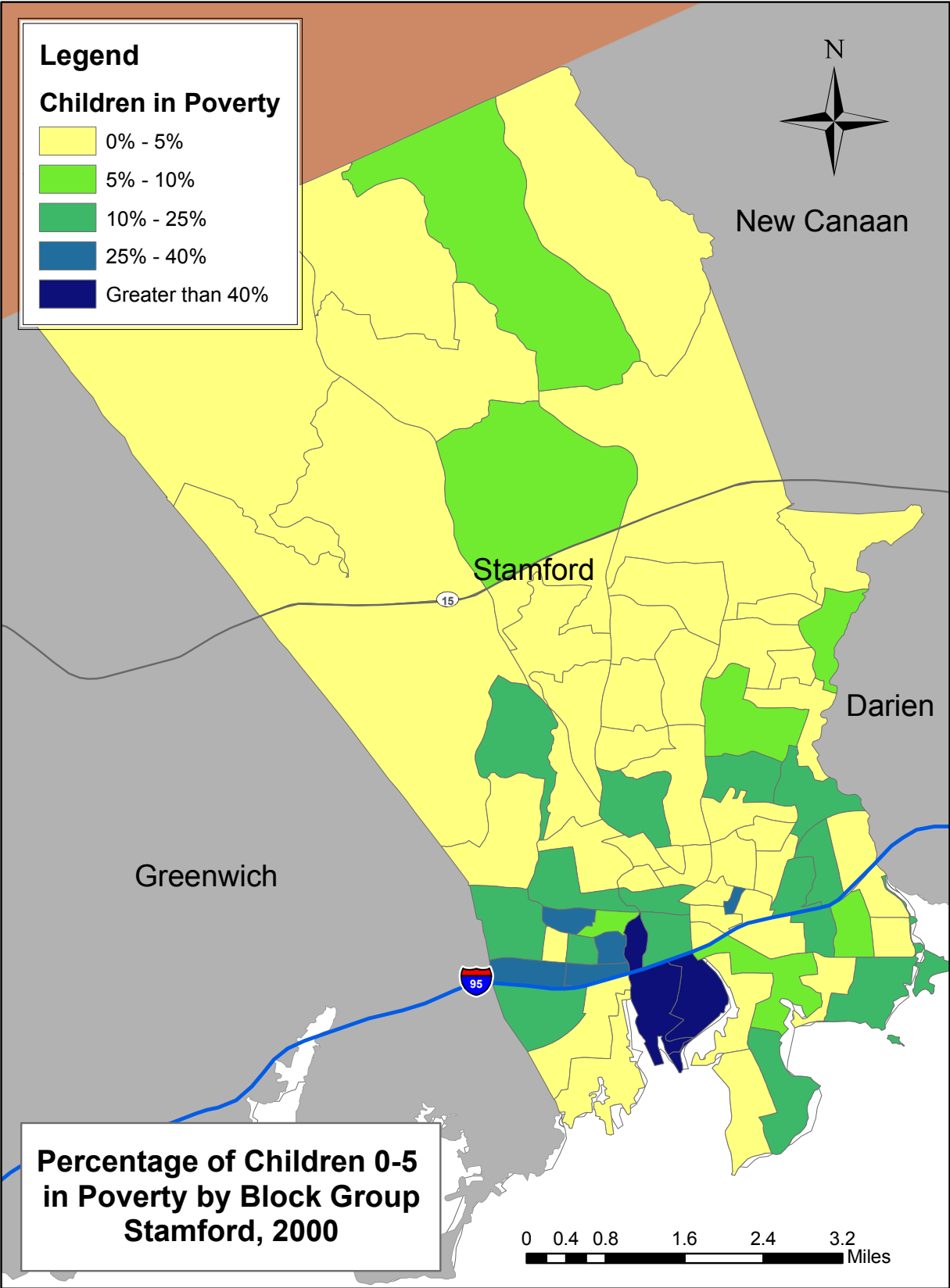
Appendix C.
Data Collection

Appendix D.
Fiscal Scan Data



Nashrah Mistry

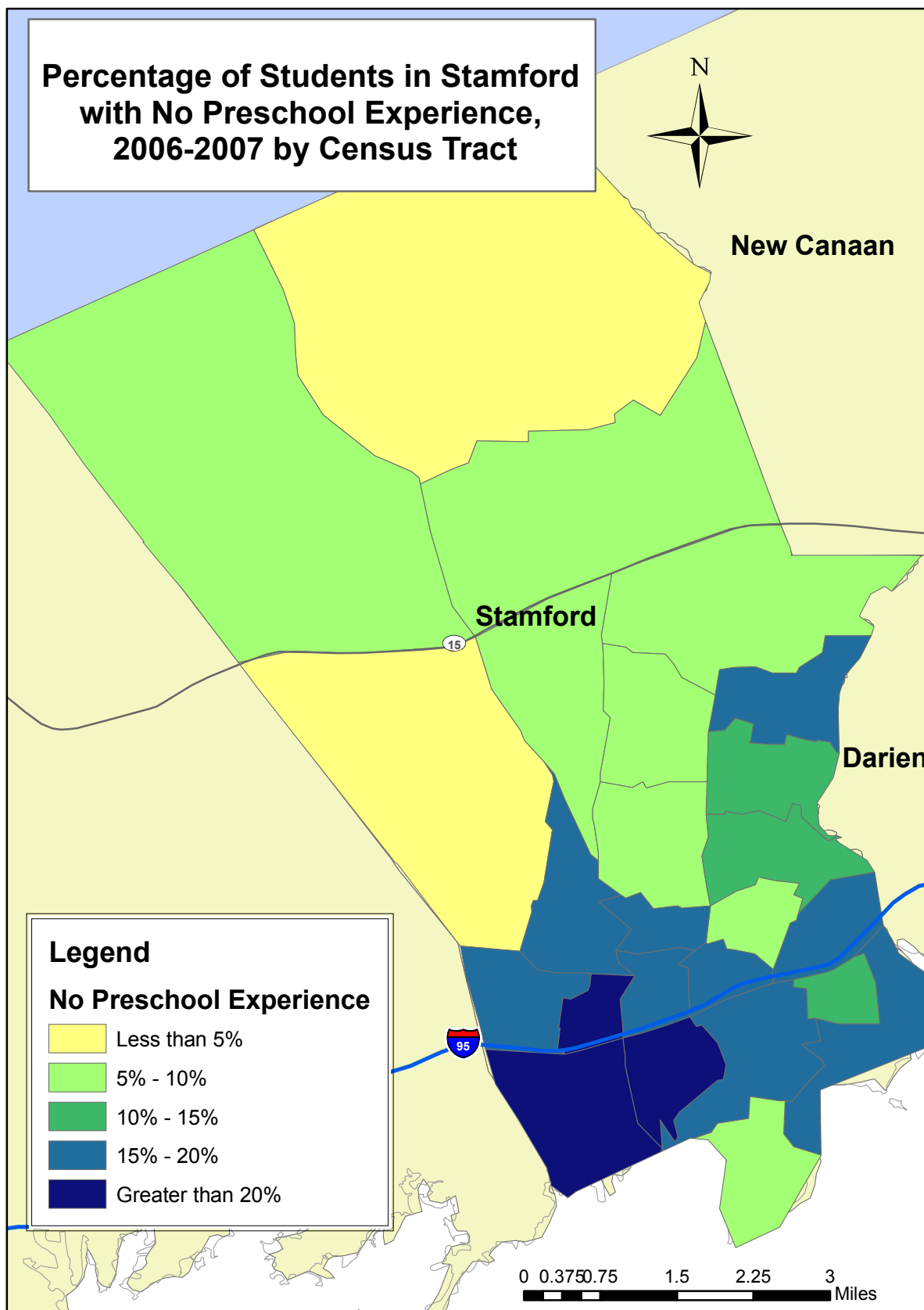
APPENDIX A. Map 1



Prepared by Holt, Wexler & Farnam, LLP

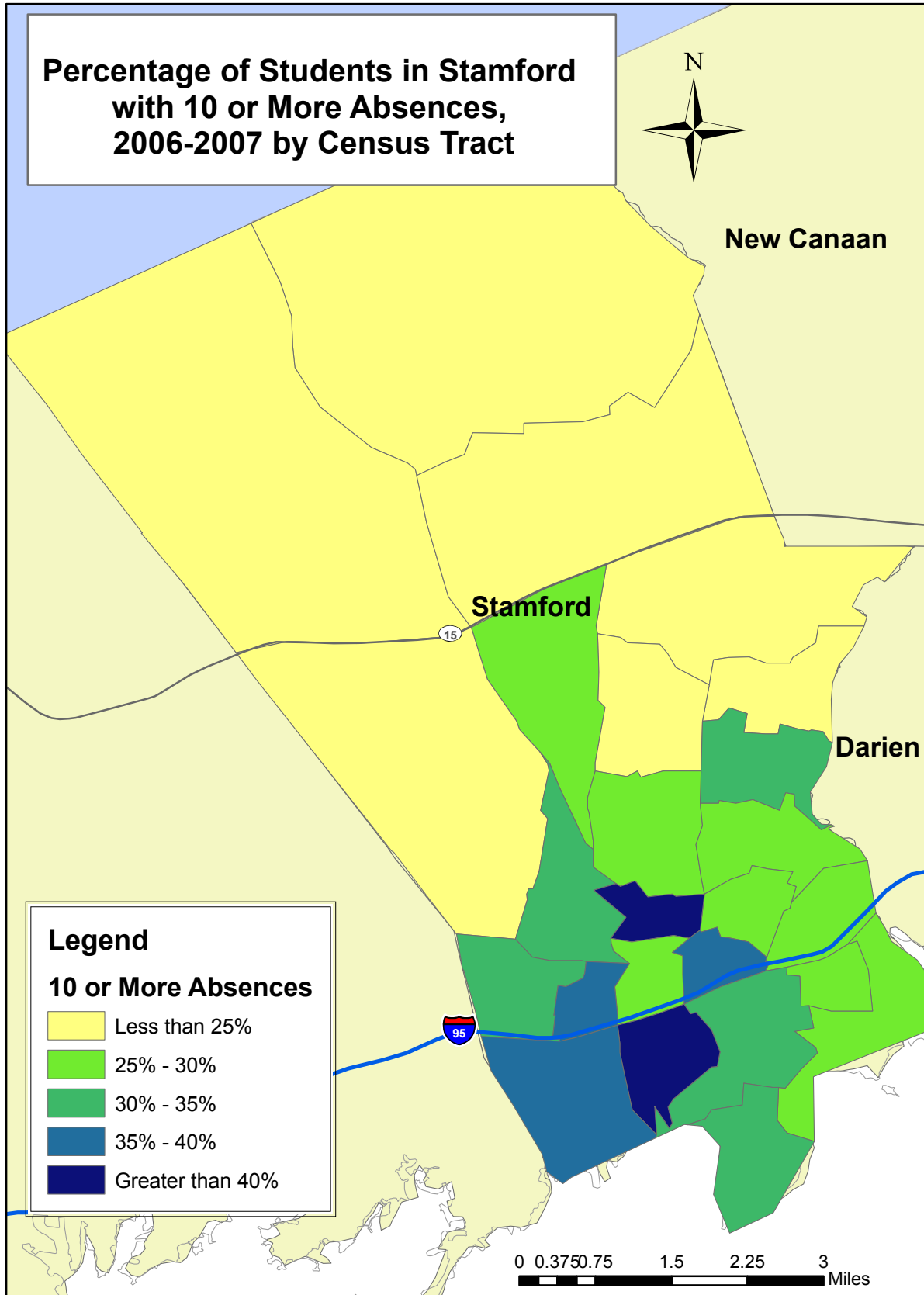
Source: US Census

APPENDIX A. Map 2



Prepared by Holt, Wexler & Farnam, LLP

APPENDIX A. Map 3



Prepared by Holt, Wexler & Farnam, LLP

APPENDIX B. Implementation Approach

PAGE 1 of 3

SRC = School Readiness Council / SPS = Stamford Public Schools / CLC = Community Learning Centers / FC = Family Centers

STRATEGY / ACTION STEP	SUGGESTED PARTNERS	HOW MUCH IT WILL COST	HOW SUCCESS WILL BE MEASURED	WHEN IT WILL BE DONE
EARLY CHILDHOOD EDUCATION — SUPPLY				
STRATEGY 1: Maintain current funding level and advocate for increased State resources in support of expanded supply and improved quality of early care and education services.				
Activity 1: Advocate for increased reimbursement rates and amounts for infant-toddler care funding through DSS and Care4Kids.	SRC with Mayor and legislative delegation	Staff time	• % increase in DSS rates and Care4Kids reimbursement	Year 2: 2010
Activity 2: Increase supply of quality, subsidized School Readiness Program preschool slots by approximately 150 spaces to meet family needs in Stamford.	SRC with Mayor and legislative delegation	Funding Needed: Increase in SR grant of approximately \$1.8 million	• # of new School Readiness spaces	Year 1: 2009
Activity 3: Continue and expand access to Accreditation Facilitation program services.	SRC leadership	State & philanthropic support	• # Stamford EC centers served by the AFP	Year 2-3: 2010-2011
Activity 4: Secure free or low cost technical support from the state regarding CT Preschool Assessments Framework in center based classrooms.	SRC/SPS	State supported	• % of Stamford preschools participating in the assessment	Year 1: 2009
STRATEGY 2: Support increase in licensed family child care and other means to meet infant-toddler care.				
Activity 1: Provide assistance to home care providers in the licensing process modeled on All Our Kin approach. (retained and new)	SRC/Family Centers (FC)	\$100,000 annually required	• # unlicensed providers who become licensed • Total # of licensed providers	Years 1-4: 2009-2012
EARLY CHILDHOOD EDUCATION — QUALITY				
STRATEGY 3: Seek increased state and local program reimbursement scholarship aid to support recruitment and retention of BA teachers in all classrooms.				
Activity 1: Advocate for increased School Readiness Reimbursement linked to increased credentials of staff.	SRC with Mayor and legislative delegation	State funds	• # and % of credentialed teachers	Years 2-4: 2010-2012
STRATEGY 4: Expand local professional development capacity to public and private Pre-K programs.				
Activity 1: Support quality improvement in family child care homes through systematic mentoring services, workshops and access to resources in early childhood education.	SRC/FC	Quality Enhancement funding (part of \$82k grant)	• % of preschool educators participating in professional learning above the expected 1% of their work week	Years 1-4: 2009-2012
Activity 2: Maintain and expand commitment to provide Instructional Coordinators in publicly funded early care centers to provide imbedded professional development coaching to teachers (at a ratio of 1:50).	SPS/SRC	Secured Funding: Funding Needed:	• At least one teacher in each classroom that meets the definition of 'a qualified individual' as defined by State Dept of Ed for School Readiness • # Masters level teachers by site	Years 1-4: 2009-2012
Activity 3: Sustain and expand professional development activities for all public and private early care staff provided through NYAEC, CLC and CES (RESC).	SRC/NAEYC/CLC	Secured Funding: Funding Needed:	• # professional development opportunities provided by NYAEC, CLC and CES	Years 1-4: 2009-2012
STRATEGY 5: Reinforce a shared vision for Kindergarten Transition (building on work of School Readiness Council Transition committee).				
Activity 1: Design and implement systematic, consistent Kindergarten transition plan incorporating curricular alignment, cross-training of staff, parent orientations on Kindergarten expectations, and flow of information on students to Kindergarten teachers.	SRC/SPS/CLC/Preschool Directors' Group	Staff time; resource needs defined in plan developed	• Kindergarten Transition Plan completed • # of SPS & preschool staff trained • # of schools implementing plan and standards • Parent satisfaction with process	Year 3: 2011

APPENDIX B. Implementation Approach

PAGE 2 of 3

SRC = School Readiness Council / SPS = Stamford Public Schools / CLC = Community Learning Centers / FC = Family Centers

STRATEGY / ACTION STEP	SUGGESTED PARTNERS	HOW MUCH IT WILL COST	HOW SUCCESS WILL BE MEASURED	WHEN IT WILL BE DONE
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EARLY CHILDHOOD EDUCATION — COMPREHENSIVE SERVICES TO SUPPORT FAMILIES

STRATEGY 6: Define, seek funding for, and launch an initiative to implement Positive Behavior Supports (PBS) in Stamford preschools and elementary schools, building on Response to Intervention (RTI) framework required and promoted by the state.

Activity 1: Conduct local planning process and secure major federal, state and private grants to support implementation.	SPS	Secured Funding: Funding Needed:	• # dollars secured in federal funding	Year 2: 2010
Activity 2: Seek collaborations with public schools to establish Positive Behavioral Support Program in Pre-K through Grade 3.	SPS/SRC	Staff time; major funding required for full implementation	• Collaboration with SPS established Pre-K Positive Behavioral Support Program	Years 3-4: 2011-2012
Activity 3: Institute a screening system for social-emotional or developmental issues and family risks utilizing a standardized set of tools across providers, with staff professional development, which facilitates interventions and produces indicators.	CLC/SRC/ Provider	Staff time, support for training	• # of agencies trained and conducting screening • # of children screened	Years 3-4: 2011-2012
Activity 4: As PBS is planned, develop interim plans to deliver needed comprehensive services to all preschool and K-3 classrooms in implementation of vision of role of schools in the community.	SPS/SRC	Social support staff	• # of classrooms and students served with comprehensive services and supports	Year 2: 2010

PARENT OUTREACH

STRATEGY 1: Launch parent outreach and information campaign to ensure parents and caregivers are aware of and utilize and child education, health and development resources.

Activity 1: Develop a centralized network to access and receive information to ensure parents and caregivers know where to go and who to ask for resources.	United Way/211/ SPS/SRC	\$75,000 required	• Centralized Network identified and established	Year 1-2: 2009-2010
Activity 2: Identify communication source (i.e., appointed organization) to help connect parents to services. This source disseminates information throughout centralized network of providers (community and business sector).	United Way/211/ SPS/SRC	Included in Activity 1	• % of parents identifying written information as helpful in identifying recreational and educational opportunities • % of parents identifying an informational website as helpful in identifying recreational and educational opportunities	Year 1: 2009
Activity 3: Expand home visiting models for families with children ages 0-3 who are at risk of arriving at school not ready	Nurturing Families Network (Family Centers)/SRC	To be determined	• # of home visits per year • Specific measures of results for families visited	Year 3: 2011
Activity 4: Work with major employers to advocate for more family-friendly policies and to provide child care services.	United Way/SRC	Agency staff time	• # of Stamford employers with family friendly policies in place • # of Stamford employers offering or supporting child care	Years 2-3: 2010-2011
Activity 5: Expand community EC partnership with representatives from all Stamford neighborhoods to include: libraries, churches, schools, hospitals, websites, real estate, ER departments, clinics, and non profits.	SRC/United Way	Staff for SRC	• # of active community partners by neighborhood	Years 1-4: 2009-2012

STRATEGY 2: Target parents and caregivers to deliver early childhood messages and information in locations where children are not receiving Pre-K education.

Activity 1: Identify those who are not being served: 1) the parents and caregivers who need information but cannot find it and 2) parents and caregivers who do not know they need the information.	Service providers/ Police	Agency staff time	• % of parents who understand what quality preschool means • % of parents who participated in at least one parenting activity in the community increases	Year 1: 2009
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APPENDIX B. Implementation Approach

PAGE 3 of 3

SRC = School Readiness Council / SPS = Stamford Public Schools / CLC = Community Learning Centers / FC = Family Centers

STRATEGY / ACTION STEP	SUGGESTED PARTNERS	HOW MUCH IT WILL COST	HOW SUCCESS WILL BE MEASURED	WHEN IT WILL BE DONE
PARENT OUTREACH cont.				
STRATEGY 3: Increase access to parent and caregiver education and training resources.				
Activity 1: Support existing Parents as Teachers (PAT) and Parent Leadership Training Institute (PLTI) programs. (i.e., Parent Trust Act, Family Resource Ctrs)	Family Centers/ PLTI Design Team	Continuation funding	<ul style="list-style-type: none"> # of families reached Learning gains of participants 	Year 1-4: 2009-2012
Activity 2: Re-institute "Learning in a Bag" program, a community and home based early literacy program that improves parent engagement.	CLC	\$50,000	<ul style="list-style-type: none"> # of families reached / attending regularly Assessed learning gains 	Year 2: 2010
Activity 3: Work with partner network to make resources available in multiple languages.	All community partner	Covered in agency budgets	<ul style="list-style-type: none"> % of programs with resources and materials available in multiple languages 	Year 2-4: 2010-2012
HEALTH AND WELLNESS				
STRATEGY 1: Improve access to health care services related to childhood obesity and asthma.				
Activity 1: Collaborate with members of Stamford Hospital's Childhood Obesity Task Force to (a) develop a child health leadership team to increase awareness of most pressing child health disparities (beginning with Asthma and Obesity) and drive a child health agenda.	SRC/ Stamford Hospital/ Optimus/ City Health Dept./ CLC/Preschool Directors' Group	Agency staff time; facilitator	<ul style="list-style-type: none"> Child Health leadership team established % children with elevated BMI (at risk and obese ranges) % eligible WIC enrollees by age # referrals to food assistance programs (DSS) % WIC clients who breastfeed # WIC clients postpartum 	Year 2-4: 2010-2012
Activity 2: Reach all pregnant women to engage them in early prenatal care	Stamford Hospital/ Family Centers/ Health Department	Health center and health department staff	<ul style="list-style-type: none"> # and percent of women receiving adequate prenatal care for outreach campaign 	Year 2-4: 2010-2012
Activity 3: Work to increase awareness through outreach among providers and patients of the importance of every child being connected to a medical home with strong family-centered care coordination services	Stamford Hospital/ AAP Chapter	HUSKY (Eligible Children); Philanthropic and free care funds (uninsured; undocumented)	<ul style="list-style-type: none"> % providers accepting HUSKY A & B Ratio of HUSKY providers to eligible children % HUSKY enrollees receiving on time well child visits 	Year 4: 2012
STRATEGY 2: Improve access to oral health services				
Activity 1: Work with Stamford Dental Center and other community health centers, etc to provide access to preventative mobile dental care.	Stamford Dental Center	HUSKY Reimbursement	<ul style="list-style-type: none"> % children with referrals who receive dental evaluations and/or care % preschools participation in health dental education and screening programs 	Years 2-4: 2010-2012
Activity 2: Revive Oral Health Collaborative to increase the number of private dentists accepting children served in the HUSKY program.	Benecare/ Stamford Dental Center	HUSKY Reimbursement	<ul style="list-style-type: none"> % kindergarten entrants who have at least one dental evaluation prior to starting school % HUSKY < 3 yrs enrolled; % HUSKY 3-5 yrs enrolled 	Year 2-3: 2010-2011
STRATEGY 3: Improve access to Behavioral/Mental Health services for children				
Activity 1: Reestablish collaborative agreement with Child Guidance Institute of Southwestern CT to provide services to Head Start children.	CLC/ Child Guidance	Increased HUSKY reimbursement / Head Start	<ul style="list-style-type: none"> Collaborative Agreement established % children receiving developmental screening and assessment # of Head Start children served 	Year 2: 2010
Activity 2: Advocate for increased funding for behavioral health services and support for families to access services.	SRC with Mayor and Legislators	Staff time	<ul style="list-style-type: none"> % children receiving developmental screening and assessment % of need met 	Years 2-4: 2010-2012

APPENDIX C. Data Collection

Appendix C identifies the sources of data and responsibility for collection and assembly for each headline indicator and program measure identified in the plan. Measures

for which data is not available are identified as part of the Council's data development agenda. Each of the three Council committees will establish procedures to ensure that the data in their area is collected on as regular a basis as available in collaboration with the specified community partners. The committees will report to the School Readiness Council on a quarterly basis with (a) any new data for the headline and program indicators and (b) progress in implementing each Blueprint strategy.

With shared responsibility for feeding the data to the School Readiness Council coordinator, staff of community partners can focus their efforts on implementing the Blueprint strategies. The School Readiness Council Chairperson will dedicate part of her time and members of the Leadership Work Group will provide their support for data collection, analysis and reporting as they have done throughout the Blueprint process to date.

INDICATORS	SOURCE	COLLECTION / REPORT OUT
HEADLINE INDICATORS		
% of children in HUSKY receiving an annual well-child visit	DSS (via CT Voices for Children)	Health
% of children at or above goal on the kindergarten Spring reading assessment (DRA) and gap in achievement on this measure by race and ethnicity.	Stamford Public Schools	Stamford Public Schools
% of children at or above state goal on the Connecticut Mastery Tests at the completion of third grade	Stamford Public Schools	Stamford Public Schools
EARLY CHILDHOOD EDUCATION		
# and % of children served in licensed early care centers and family child care homes in Stamford.	CT DPH License Data	Committee members
# infant/toddler slots in licensed centers per 100 children ages 0-2 and 3-4.	CT DPH License Data	Committee members
# of NAEYC accredited early care centers and % of program spaces in accredited centers.	NAEYC Web Site & CT DPH (denominator)	Committee members
# and % of teachers in publicly funded programs have a BA degree and # and % with an Associates' Degree.	CT Charts a Course Registry	Committee members
Degree to which children succeed on the DRA.	Stamford Public Schools	Stamford Public Schools
PARENT OUTREACH		
# of referrals and connections made from a centralized network (i.e. how many website hits);	Entity developing network (data Development)	Entity developing network
# and timeliness of Kindergarten registrations per year	Stamford Public Schools	Stamford Public Schools
# Parent/teacher conferences and attendance rate as reported by a cohort of early childhood programs and elementary schools;	Childcare Learning Centers; Stamford Public Schools; Private providers	Parent Committee members
Parent involvement rates in school activities.	Childcare Learning Centers; Stamford Public Schools; Private providers	Parent Committee members
HEALTH		
% of children accessing Birth-to-Three services (developmental)	CT Department of Developmental Disabilities	Health Committee members
% of children screened for developmental and social-emotional concerns / % with positive screens (social emotional)	Health Providers (data development)	Health Committee members
% of children with greater than 10 unexcused absences from school	Stamford Public Schools	Stamford Public Schools
% of mothers who had adequate prenatal care (birth outcomes)	CT DPH / Stamford Health Dept	Health Committee members
% of children born at low birth weight (birth outcomes)	CT DPH / Stamford Health Dept	Health Committee members
% of children in HUSKY with well-child visits (preventive) % of students passing all four physical fitness tests (preventive)	DSS (via CT Voices for Children) Stamford Public Schools	Health Committee members Stamford Public Schools
% of children with annual dental exam by age (oral health)	DSS (via CT Voices for Children) (Medicaid only)	Health Committee members
% of children with dental cavities (oral health)	DSS (via CT Voices for Children)	Health Committee members

APPENDIX D. Summary of Federal, State, and Philanthropic Funding for Early Childhood Services in Stamford, by Type of Program, Fiscal year 2005–2006

TYPE OF PROGRAM	1. FEDERAL	2. FEDERAL/STATE	3. STATE	4. PHILANTHROPIC	GRAND TOTAL
Child Welfare	—	\$2,460,770	—	—	\$2,460,770
Early Care and Education	\$2,636,414	\$5,782,901	\$3,233,551	\$83,830	\$11,736,696
Early Literacy	\$194,000	—	—	—	\$194,000
Family Support	\$65,000	\$1,665,491	—	\$7,500	\$1,737,991
Health	\$3,530,957	\$8,115,521	\$141,177	—	\$11,787,655
Health - Behavioral	—	\$528,432	—	—	\$528,432
K-3 Education	\$2,938,836	—	\$5,107,431	—	\$8,046,267
Parent Engagement	—	—	\$36,250	\$10,000	\$46,250
Youth Development	—	—	\$18,905	—	\$18,905
Grand Total	\$9,365,207	\$18,553,114	\$8,537,314	\$101,330	\$36,556,965

Source: Graustein Memorial Fund, What Are We Investing in Early Childhood Services? A Guide to Understanding Community Level Investments of Federal, State and Selected Philanthropic Dollars in 67 Connecticut Communities, January 2008

footnotes

- 1 2008 Stamford Community Needs Assessment, United Way of Western Connecticut www.uwwesternct.org
- 2 “No Time to Lose: Better Budget Choices for a Stronger Connecticut”, page 61. Shelley Geballe, JD, MPH. Connecticut Voices for Children, 2009.
- 3 Ibid.
- 4 Connecticut Early Childhood Education Cabinet, Ready By 5, Fine By 9: Connecticut's Early Childhood Investment Framework, Fall, 2006.
- 5 2008 Childs Trends study, Food Insecurity During Infancy: Implications for Attachment and Mental Proficiency in Toddlerhood, Maternal and Child Health Journal.
- 6 Pediatrics department, Stamford Hospital is the Regional Medical Home Initiative for Southwest Connecticut and helps with care coordination for children with special health care needs.
- 7 Low birth weight is defined as a baby weighing under 2,500 grams; very low birth weight is under 1,500 grams. Connecticut Department of Public Health Registration Reports, 2006.

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